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To Our Valued Lightship Dental Patients:

In compliance with the new "Patients First" Act, please be aware that we are only "in network" dental providers for Delta Dental Premier and Total Choice PPO plans as well as most (but not all) Blue Cross Blue Shield Plans. All other insurance plans we are an "out of network" provider. For out of network patients, you may be able to receive care at a lower cost from another dental practice who participates with your dental plan. Please contact your individual dental plan for a list of "in network" providers. As always, we strongly encourage all patients to contact their dental plan directly to confirm network status and benefit coverage prior to every appointment as this status can change. You can get additional information about your out of pocket costs (such as deductibles, co pays and co insurance) from your dental insurance plan's toll free number or website.

For all of our patients, we will make every effort to get accurate estimates (known as "pre-treatment estimates") from your dental insurance plan in advance of your appointments. You are responsible for any costs not covered by your dental plan. Where we are unable to obtain these written estimates from your provider (not all insurance plans provide pretreatment estimates), we will provide you with an estimated maximum for the cost of your proposed treatment without insurance. Pre-Treatments Estimates are not a guarantee of payment by your insurance plan. Your insurance company will pay the amount estimated if you do not have any other services completed that would exhaust your yearly benefit maximum (with our practice or other dental providers) between the date of creating the estimate and the date the services are completed. Despite our best efforts, we may not always be able to anticipate all of your clinical needs in advance of appointments. We may need to perform additional services as clinically indicated. Your clinician will discuss additional needs if required with you during your appointment.

During the course of your treatment, you may require the care of an outside specialist. We are not part of any "provider organizations". If you require a referral to an outside specialist, please contact your insurance plan to find a "network provider". If you do not have insurance, we would be happy to provide you with suggestions for local providers. Once you have found your preferred provider, please contact them to schedule an appointment. Once you have scheduled an appointment, please let us know and we will be happy to send a referral and other required documentation to the provider you choose.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient name